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# TRANSMITTAL FORM

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	Application Number <b>10/594,698-Conf. #9466</b> Filing Date <b>September 28, 2006</b> First Named Inventor <b>Tomohiko Matsushita</b> Art Unit <b>1641</b> Examiner Name <b>C. L. Chin</b> Attorney Docket Number <b>15115/244001</b>
Total Number of Pages in This Submission	

**ENCLOSURES (Check all that apply)**

<input type="checkbox"/> Fee Transmittal Form  <input type="checkbox"/> Fee Attached	<input type="checkbox"/> Drawing(s)  <input type="checkbox"/> Licensing-related Papers	<input type="checkbox"/> After Allowance Communication to TC  <input type="checkbox"/> Appeal Communication to Board of Appeals and Interferences
<input checked="" type="checkbox"/> Amendment/Reply (Supplemental)  <input type="checkbox"/> After Final  <input type="checkbox"/> Affidavits/declaration(s)	<input type="checkbox"/> Petition  <input type="checkbox"/> Petition to Convert to a Provisional Application  <input type="checkbox"/> Power of Attorney, Revocation Change of Correspondence Address	<input type="checkbox"/> Appeal Communication to TC (Appeal Notice, Brief, Reply Brief)  <input type="checkbox"/> Proprietary Information  <input type="checkbox"/> Status Letter
<input type="checkbox"/> Extension of Time Request  <input type="checkbox"/> Express Abandonment Request  <input type="checkbox"/> Information Disclosure Statement  <input type="checkbox"/> Certified Copy of Priority Document(s)	<input type="checkbox"/> Terminal Disclaimer (Corrected)  <input type="checkbox"/> Request for Refund  <input type="checkbox"/> CD, Number of CD(s) _____  <input type="checkbox"/> Landscape Table on CD	<input type="checkbox"/> Other Enclosure(s) (please identify below):
<input type="checkbox"/> Reply to Missing Parts under 37 CFR 1.52 or 1.53  <div style="border: 1px solid black; padding: 2px; width: fit-content;">Remarks</div>		

**SIGNATURE OF APPLICANT, ATTORNEY, OR AGENT**

Firm Name	OSHA · LIANG LLP		
Signature			
Printed name	Thomas K. Scherer		
Date	November 24, 2010	Reg. No.	45,079